NAME Abuelito Cheese **ADDRESS** 607-609 Main street Paterson N.J. **FACILITY LOCATION** 607-609 Main street Paterson N.J. **OLD OUTLET DESIGNATION:** NEW CUSTOMER ID / OUTLET ID: 27220056-1 MONITORING PERIOD **VOLUME DISCHARGED THIS PERIOD** START **END GALLONS** 136,527 CU. FT. x 7.48 = GALLONS 10 01 08 10 30 08 EFFLUENT METER READING LAST DAY MO DAY YR MO THIS PERIOD DAY YR DATE TSS BOD TSS 11/19/2008 10100.0 11/19/2008 2,430 7 . 411 == 1 = 11 I certify under penalty of law that this document and all attachments were prepared under my direction or supervision.

USER CHARGE SELF MONITORING REPORT

SIGNATURE OF PRINCIPAL OR AUTHORIZED AGENT	TYPE NAME AND TITLE	973-345-3503	
and Pain	Carol Paiz General Manager		
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		12/10/2008	

with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for

submitting false information, including the possibility of fine and imprisonment for knowing violations.

PVSC FORM MR-2 REV .3 6/93

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USER CHARGE SELF MONITORING REPORT

NAME

Abuelito Cheese

ADDRESS

607-609 Main street Paterson N.J.

DEC 19 2008

FACILITY LOCATION

607-609 Main street Paterson N.J.

NEW CUSTOMER ID / OUTLET ID: 27220056-1/2

OLD OUTLET DESIGNATION:

START					
11	01	08	10	30	08
мо	DAY	YR	МО	DAY	YR

VOLUME	DISCHARGE	ED THIS PERIOD
sanitary	5,931	GALLONS
CU	. FT. x 7.48 =	GALLONS

EFFLUENT METER READING LAST DAY

DATE	BOD	TSS			TSS
				49.200	
				48,389.+ 47:556	
		131	000		
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		2011			
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		2031-1			7.
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I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

SIGNATURE OF PRINCIPAL OR AUTHORIZED AGENT	TYPE NAME AND TITLE	973-345-3503	
Corol Pain	Carol Paiz General Manager		
0			
		12/10/2008	

PVSC FORM MR-2 REV .3 6/93

Abuelito Cheese Process Water Meter Reading

19213cu/ft x 7.48=143713 x.95=136527 total gallons for the month of November 136527 divided by 22 days= 6205 gallons per day

Abuelito 11/08 Sanitary Meter Reading 47596 starting reading 48389 ending reading

> 48389 47596 793cu/ft

793cu/ft x 7.48=5931div by 22=269gpd



ANALYTICAL DATA REPORT

for **Abuelito Cheese** 607 Main Street Paterson, NJ 07503

Project Name: PVSC MONITORING Lab Case Number: E08-13295

MDL = METHOD DETECTION LIMIT

Metals

Lab ID: 13295-001 Client ID: 01

Matrix-Units: Aqueous-mg/L

Percent Moisture: 100

Date Sampled: 11/19/2008

Time Sampled: NA Date Analyzed: 12/2/08

Parameter	Result	Q	MDL
Cadmium	ND		0.001
Copper	ND		0.008
Lead	0.00287		0.002
Mercury	0.000749		0.0005
Nickel	ND		0.004
Zinc	0.252		800.0

General Analytical

Lab ID: 13295-001 Client ID: 01

Percent Moisture: 100

Date Sampled: 11/19/2008

Time Sampled: NA

Parameter	Result	MDL	Matrix-Units	Date Analyzed
Biochemical Oxygen Demand	10,100	2.00	Aqueous-mg/L	11/19/2008 15:30
Total Suspended Solids	2430	250	Aqueous-mg/L	11/20/2008 11:00

ND = Analyzed for but Not Detected at the MDL

These data have been reviewed and accepted by:

Michael H. Leftin, Ph.D. Laboratory Director

273 Franklin Road Randolph, NJ 07869 Phone: 973 361 4252 Fax: 973 989 5288



IAI is a NELAC New Jersey Certified Leo (14761) and maintains certification in Cormedital (#H-0899), New York (11402), Rhode Island (00128). Pomoghania (68-00773) and in the Department of Navy IR CA Program

Lab notification is required for RUSH TAT prior to sample arrival. RUSH TAT IS NOT GUARANTEED WITHOUT LAB APPROVAL. RUSH SURCHARGES WILL APPLY IF ABLE DISK/CD REC Report Format DISKETTE lab approved custom EDD .wkl format .dbf format Cooler Temp 5 °C **PRESERVATIVES** Jamer # BOTTLES & Randolph, NJ 07869 MDL Req: GWQS - SCC - OTHER (SEE COMMENTS) HO9N +OSTH Other (describe) Results Only Regulatory Reduced EONH HOav PAGE: HCI Rush TAT Charge ** 24 hr - 100%... 48 hr - 75%... 72 hr - 50%.... 96 hr - 35%.... 5 day - 25%.... 6-9 day 10% Turnaround Time (starts the following day if samples rec'd at lab > SPM) ANALYTICAL PARAMETERS Results needed by: Lab Case # Med High Comments Low 72 hr* 1 wk* Z 3 wk/Std 2 wk/Std Conc. Expected: S TO ACCOMMODATE** Please print legibly and fill out completely. Samples cannot be processed and the turnaround time will not start until any 72 hr BOD TSS CHAIN OF CUSTODY Conditional TPHC 48 hr* 48 hr wk* call for price Hard Copy Verbal/Fax 24 hr* 24 hr* IAL# HANOVER CONTROLS East Hanover, NJ 07936 ~ DW - Drinking Water AQ - Aqueous WW - Waste Water REPORT TO: | HANOVER CONTROLS Matrix East Hanover, NJ 07936 OI.Oil LIQ-Liquid (Specify) OT-Other (Specify) S-Soil SL-Sludge SOL-Solid W-Wipe REPORTING INFO M≪ John Ceresnak 19-Nov 15 10 Received by: Received hy: Received by: Received by: Received by: Sample Matrix 11 Windsor W John Ceresnak Time E-Mail INVOICE TO: 11/19/2008 Date Date Address: Address: FAX# PO# Attn: Depth NA Project Name: PVSC MONITORING CUSTOMER INFO Sampler: HANOVER CONTROLS Known Hazard: Yes or No Describe: ambiguities have been resolved. 01- WASTEWATER COMPOSITE PATERSON, NJ 07503 SAMPLE INFORMATION Company: Abuelito Cheese Project Location (State); Address: 607 Main ST Project Manager: **Bottle Order #:** Fax # (973) 989-5288 felephone #: inquished by: inquished by: elinquished by: Relinquished by: Client ID linquished by Quote #: Fax#:

273 Franklin Rd

INTEGRATED ANALY LICAL LABORATORIES

Phone # (973) 361-4252